Data Element Definitions
for
State Health Enrollment File

Important:
This Data Element Definition document does NOT describe the file structure for the State Health Enrollment Response File. Please refer to the appropriate XSD (XML Schema Definition) file, for the file structure and the Encryption Decryption External_File Naming.pdf, for the file naming convention of the State Health Enrollment xml file. This Data Element Definition document is only intended to describe the data elements and relationships. Further information on how to use the documents and files included in the Technical Toolkit can be found in the Guide to the Technical Toolkit.

The State Agency: Health Enrollment Reporting File Table below provides the list of data fields that employers will be asked to provide CalPERS in the health enrollment process. The columns given below are intended to be used for the purpose of helping employers identify the information that must be submitted, and how the information should be formatted. Each column should be interpreted as follows:

- Data Element Number – The numerical designation that corresponds with data element in the same row
- Data Element Name – The plain-English name of the information that will be required in this field
- Description of Submitted Data – A longer, more detailed description of the field including explanation of submitted data, and any conditions under which the field must be populated
- R/O/C – Indicates if the information is required, optional, or conditional
  - 'R' indicates that the data is required for the field and an error will generate if the field is not populated
  - 'C' indicates that the data for that field is required when certain conditions are met based on values in another field. Applicable conditions are located in the column of this document titled Description. Information populated when not called for by a condition will be ignored. If data is missing in a Conditional field that required the data based on a condition, an error will be returned
  - 'O' indicates that the data is optional for that field. Information populated when not called for will be ignored. If data is missing in an Optional field, no error will be returned. The column titled Description indicates what format the optional data must be provided in. If optional data is provided that does not meet the specified format an error will result
  - Field Values – A list of the data that should be provided, if applicable, or the format that the field should be populated under
    - Except where noted, the data element cannot contain any of the following characters:

Asterisk	*	Grave	`
At sign	@	Greater than sign	>
Backslash	\	Less than sign	<
Braces	{ }	Percent sign	%
Brackets	[ ]	Plus sign	+
Caret	^	Question mark	?
Dollar sign	$	Quotation mark	"
Equal sign	=	Under score	_
Exclamation point	!	Vertical bar	|

- Max Length – The maximum number of characters that the field will accept

Appendix B of this document contains an analysis of the future fields in the Health Enrollment file, and their equivalent, if applicable, in the ACES system currently used today. Also included is a column labeled Change?, which states if a change in the current column is going to occur.

We do not anticipate significant changes to the file format however additional field values will be identified in the coming months. Please check the PERT webpage for the latest file format and review the information entitled *Known Inconsistencies in the Data Element Specifications* for data elements that are pending clarification through a formal change control process at this link:

http://www.calpers.ca.gov/index.jsp?bc=/employer/pert/home.xml

Also included on this website is the XML Schema Definition (XSD) that provides a sample XML data structure. Employer produced XML files must conform to the XSD in order to be considered valid. Employers will be able to use the schema to help develop or alter their systems to comply with the new standards in order to submit data files to CalPERS. XML tools are available on a variety of platforms to help IT developers create XML files that adhere to the CalPERS schema. The XML file is different from flat files that

many employers send CalPERS today in that the information is organized in a hierarchical structure much like a standard outline. The XML Schema Definition, available at the link above, documents this report structure in detail. This document provides an indication of how the report fields are related to each other in the column titled data type. The following is an outline of the XML file structure:

A. Subscriber Health Enrollment – For example, Person ID, Medical Plan, and Appointment ID
    1. Dependent – For example, Dependent First and Last Name, Dependent Address

The outline above can be repeated so there can be multiple dependents for a subscriber in a single file.

In addition to the XSD, a sample XML file will be provided in the fall of 2008. The sample output file can be used as a model for your agency as you produce test files.

XML technologies define an extensible messaging framework that provides a message construct that can be exchanged over a variety of underlying protocols. This framework is designed to be independent of any particular programming language, platform, and other technical criteria.

Version History

VER	DE#	DATA ELEMENT NAME	DESCRIPTION OF CHANGE
		INTRODUCTION – Toolkit	Updated Microsoft's Location/Link
v3	17	Appointment ID	Changed Max Length from 16 to 10
v3	19	Person Identifier	Changed Data Type from Integer to String Changed Field Values from alphanumeric to digits (XXX to ###)
v3	22	CBU	Added Data Element
v3	24	First Name	Changed Max Length from 30 to 20
v3	26	Last Name	Changed Max Length from 20 to 30
v3	33	Health Eligibility ZIP Code	Changed Data Type from Integer to String
v3	40	ZIP Code 5	Changed Data Type from Integer to String
v3	41	ZIP Code 4	Changed Data Type from Integer to String
v3	44	Postal Code	Changed Max Length from 3 to 12
v3	51	Qualifying Person ID	Changed Data Type from Integer to String Changed Field Values from alphanumeric to digits (XXX to ###)
v3	54	First Name	Changed Max Length from 30 to 20
v3	55	Middle Name	Changed Middle Name from 10 to 20
v3	56	Last Name	Changed Last Name from 20 to 30
v3	67	Dependent Identifier	Changed Data Type from Integer to String Changed Field Values from alphanumeric to digits (XXX to ###)
v3	71	Dependent First Name	Changed Max Length from 30 to 20
v3	73	Dependent Last Name	Changed Max Length from 20 to 30
V4		Appendix B – Comparison of New Field Values to Legacy (ACES) Field Values	Added CBU to the table

VER	DE#	DATA ELEMENT NAME	DESCRIPTION OF CHANGE
V5	30	Address Type	Deleted Benefit Payment Address, Rollover 1 Address, Rollover 2 Address, IME Appointment Address, USPS Provided, and Third Party Provided codes
V5	45	Phone Type	Updated codes and code values
V5	61	Affiliated Association	Updated code values
V5	62	Medical Plan	Added clarifying language to the Field Values column
V5	63	Medical Group	Added clarifying language to the Field Values column
V5	77	Dependent Address Type	Deleted Benefit Payment Address, Rollover 1 Address, Rollover 2 Address, IME Appointment Address, USPS Provided, and Third Party Provided codes
V5	88	Dependent Relationship	Modified the list of relationships available to report
V5		Appendix A.2 – Health Event Reasons	Modified the list of health event reasons
V5		Appendix A.3 – State Code Values	Modified code value for Marshall Islands
V5		Appendix A.4 – Country Code Values	Modified code values for countries
V5		Appendix A.5 – County Code Values	Modified code values for counties
V5		Appendix A.6 – Permissive Events	Modified list of permissive events
V6		Appendix A.6 – Permissive Events	Added Health Event Reason code values to permissive events
V6	17	Appointment ID	Updated R/O/C column
V6		Appendix B - Prefix	Deleted field – (Prefix)

VER	DE#	DATA ELEMENT NAME	DESCRIPTION OF CHANGE
V6		Appendix B - Address 3	Deleted field – (Address 3)
V6		Appendix B - Phone Type	Deleted field – (Phone Type)
V6		Appendix B - US Phone	Deleted field – (US Phone)
V6		Appendix B - International Phone	Deleted field – (International Phone)
V6		Appendix B - Extension	Deleted field – (Extension)
V6		Appendix B - Email	Deleted field – (Email)
V6		Appendix B - Dependent Prefix	Deleted field – (Dependent Prefix)
V6		Appendix B - Medical Group	Deleted field – (Medical Group)
V7	65	Dependent Suffix	Updated to indicate this data element is optional
V7	72	Dependent City	Updated condition when required
V7	73	Dependent State	Updated DESCRIPTION OF SUBMITTED DATA to clarify Dependent State pertains to Dependent address.
V7	74	Dependent ZIP Code 5	Updated DESCRIPTION OF SUBMITTED DATA to clarify Dependent ZIP Code 5 pertains to Dependent address.
V7	76	Dependent Country	Updated DESCRIPTION OF SUBMITTED DATA to clarify Dependent Country pertains to Dependent address.
V7	77	Dependent Province/Territory	Updated DESCRIPTION OF SUBMITTED DATA to clarify Dependent Province/Territory pertains to Dependent address.
V7	78	Dependent Postal Code	Updated DESCRIPTION OF SUBMITTED DATA to clarify Dependent Postal Code pertains to Dependent address.
V7	72	Dependent City	Updated DESCRIPTION OF SUBMITTED DATA to clarify Dependent City pertains to Dependent address.
V7		Appendix A, Section 2 & Section 6	Updated Health Event Reason Code table to include new events/codes.
V7	36	City	Updated condition when required.

VER	DE#	DATA ELEMENT NAME	DESCRIPTION OF CHANGE
V7	41	Province/Territory	Updated condition when required.
V7	42	Postal Code	Updated condition when required.
V8		All with Boolean values	Updated Field Values column to indicate true false values in all lower case.
V8		Cover Page	Added note regarding Encryption Decryption External_File Naming.pdf for naming convention of this xml file.
V8	12	Rescind Notes	Changed from Optional to Conditional and added conditions.
V8	13	Agency Code	Updated condition indicating when required
V8	14	Subscriber Status FERP	Updated condition indicating when required
V8	15	FERP Status Begin Date	Updated condition indicating when required
V8	16	FERP Status End Date	Updated condition indicating when required
V8	29	Address Type	Changed condition for COBRA New Enrollment
V8	30	Use Address for Health	Changed condition for COBRA New Enrollment
V8	31	Health Eligibility ZIP Code Type	Changed condition for COBRA New Enrollment
V8	32	Health Eligibility ZIP Code	Changed condition for COBRA New Enrollment
V8	33	County	Changed condition for COBRA New Enrollment
V8	34	Address 1	Changed condition for COBRA New Enrollment
V8	41	Province/Territory	Updated condition indicating when required
V8	42	Postal Code	Updated condition indicating when required
V8	43	Qualifying Person ID Type	Updated condition indicating when required
V8	44	Qualifying Person ID	Updated condition indicating when required
V8	45	Permanent Separation Date	Updated condition indicating when required

VER	DE#	DATA ELEMENT NAME	DESCRIPTION OF CHANGE
V8	47	First Name (Qualifying person)	Changed from Required to Conditional and added conditions
V*	49	Last Name (Qualifying person)	Changed from Required to Conditional and added conditions
V8	50	Gender	Updated condition indicating when required
V8	51	Birth Date	Updated condition indicating when required
V8	52	Eligibility Basis	Changed name to indicate COBRA Eligibility Basis
V8	54	Affiliated Association	Updated condition indicating when required
V8	55	Medical Plan Selection	Updated condition indicating when required
V8	58	Dependent Identifier Type	Updated condition indicating when required
V8	59	Dependent Identifier	Updated condition indicating when required
V8	60	Dependent Gender	Updated condition indicating when required
V8	61	Dependent DOB	Updated condition indicating when required
V8	62	Dependent First Name	Updated condition indicating when required
V8	64	Dependent Last Name	Updated condition indicating when required
V8	67	Address Same as Primary Subscriber	Changed condition for COBRA New Enrollment
V8	68	Dependent Address Type	Updated condition indicating when required
V8	69	Dependent Address 1	Updated condition indicating when required
V8	80	Dependent Type	Changed condition for COBRA New Enrollment
V8		Appendix A, Sec 4	Updated Country Code table

State - Health Enrollment Reporting File Table

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES	
1	Employer's CalPERS ID	**Description:** The CalPERS ID is a unique 10- digit identifier created by the new system **Explanation:** The new system will create this unique identifier. This unique identifier replaces the Employer/Unit Code. • If the County Office of Education (COE) reports for a school district, use the school district's CalPERS ID. • If the school district reports itself, use the school district's CalPERS ID. • If the COE reports on behalf of COE employees, use the COE's CalPERS ID.	R	##########	10	**LONG NAME** CalPERS Employer Code/Unit Code	**CODE VALUE** #### - ### code as assigned

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		Required: This data is required **Note:** No notable information				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES		MAX LENGTH	LEGACY (ACES) FIELD VALUES	
2	Health Event Type	**Description:** The health event type **Explanation:** See description **Required:** This data is required **Note:** No notable information	R	**LONG NAME**	**CODE VALUES**	3	**LONG NAME**	**CODE VALUES**
				Add Dependent	ADP		New Enrollment	1
				Delete Dependent	DDP		Add Dependent	2
				Cancel Coverage	CCO		Delete Dependent	3
				Change Health Plan	CHP		Change Health Plan	4
				Dependent Address Change	DEC		Cancel Coverage	5
				Change Premium Payment Method	CPP		Change Coverage Type	6
				New Enrollment	NEN		Change Premium Payment Method	7
				Open Enrollment	OEN		Change Address	8
				Continued Enrollment	COE		Change Subscriber Demographics	9
				Update Enrollment	UEN		Change Dependent Demographics	10
				COBRA New Enrollment	CNE		Change Appointment Status	12
				For descriptions of Health Event Types, please see Appendix A, Section 1			Change Coverage Group	13
							Change Medical Group	14
							COBRA New Enrollment	17

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
3	Health Event Reason	**Description:** The reason for health enrollment. These are categorized by Health Event Types **Explanation:** See description **Required:** This data is required **Note:** No notable information	R	See Appendix A, Section 2	3	No Difference
4	Unique Transaction Identifier	**Description:** The Unique Transaction Identifier is a memo field to report text for tracking purposes **Explanation:** Employers uploading files can use this field to record a text memo for tracking purposes **Required** if the file is sent using FTP. It is	C	xxxxxxxx-xxxx-xxxx-xxxx-xxxxxxxxxxxx	36	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		optional for File Upload **Note:** For employers who upload files, this field can be used as a free-text memo for tracking purposes. This is not required for successful submission of the file. For FTP-based submissions, CalPERS will return the universally unique identifier (UUID) provided by the employer, with each transaction's success of failure. Employers, who choose this integration style, must be able to programmatically match the UUIDs on the CalPERS response, with the transaction submitted to CalPERS, on the input file. This				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		number must be created by a UUID generator				
5	Event Date	**Description:** The date the health event occurred **Explanation:** See description **Required** for all Health Event Types except for Open Enrollment **Note:** No notable information	C	yyyy-mm-dd	10	No Difference
6	Received Date	**Description:** The date the employer was notified of the health event **Explanation:** See description **Required** for all Health Event Types except Update Enrollment **Note:**	C	yyyy-mm-dd	10	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		No notable information				
7	Apply Change To Medical	**Description:** Indicates that the change/enrollment applies to the medical benefit **Explanation:** See description **Required** for all Health Event Types, except for Change Dependent Address **Note:** No notable information	C	true / false (Must be entered in xml as all lower case)	5	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
8	Apply Change To Dental *(placeholder data element for future legislation)*	**Description:** If dental becomes an option in the future, this data element indicates the change/enrollment applies to the dental benefit **Explanation:** See description **Required** At least one (Apply Change to Medical, Apply Change to Dental, or Apply Change to Vision) is required for all Health Event Types, except for Dependent Address Change **Note:** This element is not currently needed and is a indicated here only as a placeholder for future legislation.	C	true / false (Must be entered in xml as all lower case) This element is not currently needed and is indicated here only as a placeholder for future legislation.	5	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
9	Apply Change To Vision *(placeholder data element for future legislation)*	**Description:** If vision becomes an option in the future, this data element indicates the change/enrollment applies to vision benefit **Explanation:** See description **Required:** At least one (Apply Change to Medical, Apply Change to Dental, or Apply Change to Vision) is required for all Health Event Types, except for Change Dependent Address for all Health Event Types, except for Dependent Address Change **Note:** This element is not currently needed and is a indicated here only as a placeholder for future legislation.	C	true / false (Must be entered in xml as all lower case) This element is not currently needed and is indicated here only as a placeholder for future legislation.	5	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
10	Rescind Indicator	**Description:** Indicates whether a health enrollment transaction, with a future date, should be rescinded **Explanation:** Employers will have the ability to rescind future-dated, permissive, health enrollment reasons. For a list of the permissive health event reasons, please see Appendix A, Section 6 **Required:** No required data **Note:** No notable information	O	true / false (Must be entered in xml as all lower case)	5	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
11	Rescind Reason	**Description:** Provides the reason why a health enrollment transaction is rescinded **Explanation:** See description **Required** if Rescind Indicator is selected as true **Note:** No notable information	C	Free form text will be allowed to describe the rescind indicator, up to 100 characters	100	
12	Rescind Notes	**Description:** This area allows for notes about the reason for rescission **Required** if Rescind Indicator is true **Note:** No notable information	C	This field allows free form text, for adding notes to the rescind reason, up to 1000 characters	1000	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
13	Agency Code	**Description:** The agency within the State the person works for **Explanation:** See description **Required** for the following transactions when the person is health only (non-PERS) • New Enrollment • COBRA New Enrollment • Continued Enrollment **Note:** No notable information	C	###	3	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
14	Subscriber Status FERP	**Description:** This is an indicator of whether or not the person has Faculty Early Retirement Program (FERP) status **Explanation:** See description **Required** for New Enrollment if the agency is California State University (CSU) and Health Event Reason is State Retiree – Dental Enrollment **Note:** No notable information	C	true / false (Must be entered in xml as all lower case)	5	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
15	FERP Status Begin Date	**Description:** This is the begin date of the person's FERP status **Explanation:** See description **Required** for New Enrollment if the agency is California State University (CSU) and Health Event Reason is State Retiree – Dental Enrollment **Note:** No notable information	C	yyyy-mm-dd	10	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
16	FERP Status End Date	**Description:** This is the end date of the person's FERP status **Explanation:** See description **Required** for New Enrollment if the agency is California State University (CSU) and Health Event Reason is State Retiree – Dental Enrollment **Note:** No notable information	C	yyyy-mm-dd	10	No Current Equivalent
17	Appointment ID	**Description:** This represents the position into which the employee was hired **Explanation:** The unique identifier of an appointment generated by CalPERS	O	##########	10	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		Required No Data Required. **Note:** Prior to system implementation, CalPERS will provide employers with a list of Appointment IDs for their employees. After system implementation, employers can run a report online to generate a list of Appointment IDs				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES		MAX LENGTH	LEGACY (ACES) FIELD VALUES
18	Person Identifier Type	**Description:** Type of unique person identifier **Explanation:** When first reporting for a person, this ID can be SSN. On all subsequent transactions for the person, the person Identifier Type CalPERS ID must be provided **Required:** This data is required **Note:** No notable information.	R	**LONG NAME**	**CODE VALUE**		No Current Equivalent
				Social Security Number	SSN		
				CalPERS Identification	PID		
19	Person Identifier	**Description:** The unique identifier of the person who qualifies for health enrollment **Explanation:** If SSN is selected as	R	######### (SSN) ########## (CalPERS ID)		10	SSN

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		Person ID Type, the number should be submitted using the following format: • The Social Security Number must be nine digits • Social Security Numbers cannot start with 8, 9, or 666 • Each section of the Social Security Number cannot be all zeroes (i.e., 000######, ###00####, and #####0000 are each prohibited) The CalPERS ID, which is 10-digits, will be created and stored by the new system during enrollment, and will be used to identify participants when data is shared with				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		CalPERS. It will be used in place of a Social Security Number in subsequent enrollment files. Prior to system Go-Live, CalPERS will send employers a file with the Person Identifier CalPERS ID for each of their existing employees and dependents **Required:** This data is required **Note:** No notable information				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
20	New SSN	**Description:** The New SSN is a correction to the Social Security Number **Explanation:** Used to correct a member's Social Security Number **Required:** No required data Data accepted for Health Event Type Update Enrollment and Health Event Reason Update Demographics **Note:** No notable information	O	#########	9	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
21	Original Hire Date	**Description:** The first hire date recorded for this employee at this employer, regardless of whether or not the employee qualified for health benefits on this date **Explanation:** See description. **Required:** When Transaction Type is New Enrollment and the individual being reported is a non-PERS health subscriber **Note:** No notable information	C	yyyy-mm-dd	10	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
22	CBU	**Description:** The collective bargaining unit representing the employee. **Explanation:** See description. **Required:** When Health Event Type is New Enrollment **Note:** Data is accepted for Health Event Type of Update Enrollment	C	XXXXXXXXXX	10	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
23	First Name	**Description:** The person's first name **Explanation:** See description **Required:** This data is required **Note:** Only Alpha characters, blank spaces, hyphens (-), and apostrophes (') will be accepted	R	xxxxxxxxxxxxxxxxxxxx	20	No Difference
24	Middle Name	**Description:** The person's middle name **Explanation:** See description **Required:** No required data **Note:** Alpha characters only and will allow blank spaces, hyphens (-), and apostrophes (')	O	xxxxxxxxxxxxxxxxxxxx	20	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
25	Last Name	**Description:** The person's last name **Explanation:** See description **Required:** This data is required **Note:** Only alpha characters, blank spaces, hyphens (-), and apostrophes (') will be accepted. • Minimum of one alpha character. • Cannot begin with a blank space	R	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	30	No Difference
26	Gender	**Description:** The person's gender **Explanation:** See description **Required:** This data is required **Note:** No notable information	R	<table><tr><th>LONG NAME</th><th>CODE VALUE</th></tr><tr><td>Male</td><td>M</td></tr><tr><td>Female</td><td>F</td></tr><tr><td>Unknown</td><td>U</td></tr></table>	3	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
27	Birth Date	**Description:** The person's date of birth **Explanation:** See description **Required:** This data is required **Note:** No notable information	R	yyyy-mm-dd	10	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES		MAX LENGTH	LEGACY (ACES) FIELD VALUES
28	Suffix	**Description:** The person's suffix, if applicable **Explanation:** See description **Required:** No required data **Note:** No notable information	O	**LONG NAME**	**CODE VALUE**	3	No Difference
				Senior	SR		
				Junior	JR		
				First	I		
				Second	II		
				Third	III		
				Fourth	IV		
				Fifth	V		
				Ph.D	PHD		
				MD	MD		
				CPA	CPA		
				Ed.D	EDD		
				Esq.	ESQ		
				DDS	DDS		

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES		MAX LENGTH	LEGACY (ACES) FIELD VALUES	
29	Address Type	**Description:** The person's type of address **Explanation:** See description **Required** for Health Event Type: • New Enrollment • Cancel Coverage, if Health Event Reason is Enrolled into Flex Elect • COBRA New Enrollment, if Eligibility Basis is COBRA Qual Dependent **Note:** Only one address type can be submitted with each health enrollment transaction	C	**LONG NAME** Mailing Address Physical Address	**CODE VALUE** MAI PHY	3	**LONG NAME** Mailing Address Residential Address	**CODE VALUE** 1 5

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
30	Use Address for Health	**Description:** Indicates that the person's address should be used for health enrollment **Explanation:** See description **Required** for Health Event Type COBRA New Enrollment if Eligibility Basis is COBRA Qual Dependent Data accepted if reported for Health Event Types New Enrollment and Cancel Coverage **Note:** If a PO Box is given, this will result in an error	C	true / false (Must be entered in xml as all lower case)	5	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
31	Health Eligibility ZIP Code Type	**Description:** The type of ZIP Code used to determine health eligibility **Explanation:** See description **Required** when Health Event Types: • New Enrollment • Change Health Plan • Cancel Coverage, when Health Event Reason is Enrolled into Flex Elect • COBRA New Enrollment when Eligibility Basis is COBRA Qual Dependent **Note:** No notable information	C	Personal Employer	10	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
32	Health Eligibility ZIP Code	**Description:** The health eligibility ZIP Code **Explanation:** This field is required if Health Eligibility ZIP Code Type is Personal or Employer • Use a numeric format • Must be a US ZIP Code **Required** when Health Event Types: • New Enrollment • Change Health Plan • Cancel Coverage, when Health Event Reason is Enrolled into Flex Elect • COBRA New Enrollment when Eligibility Basis is COBRA Qual Dependent	C	#####	5	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		Note: If the Use Address for Health is selected, and Personal is selected, the ZIP Code for the address must match the ZIP Code provided for the Health Eligibility ZIP Code				
33	County	**Description:** The county the employee designates for health eligibility **Explanation:** See description **Required** when Health Event Types: • New Enrollment • Change Health Plan • Cancel Coverage, when Health Event Reason is Enrolled into Flex Elect • COBRA New Enrollment when	C	See Appendix A, Section 5	3	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		Eligibility Basis is COBRA Qual Dependent **Note:** No notable information				
34	Address 1	**Description:** The first address line of the address to be entered. **Explanation:** Typically used for the person's street address or in care of information. **Required** when Health Event Types: • New Enrollment • Cancel Coverage, when Health Event Reason is Enrolled into Flex Elect • COBRA New Enrollment when Eligibility Basis is COBRA Qual Dependent	C	Free form text of up to 30 characters	30	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		Note: If the address is an apartment or suite number, and cannot fit in Address 1, then use Address 2				
35	Address 2	**Description:** The second address line **Explanation:** Typically used for the person's street address if address line 1 was used for in care of information; otherwise would be used for address information that does not fit on address line 1, such as; suite number, building name, room number, apartment number, etc Data accepted if Address 1 is supplied **Required:**	O	Free form text of up to 30 characters	30	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		No required data **Note:** No notable information.				
36	City	**Description:** The city applicable to the address entered **Explanation:** Data accepted if Address 1 is supplied **Required:** When Address Line 1 is supplied. **Note:** Data element accepts alpha and numeric characters	C	Free form text of up to 30 characters	30	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
37	State	**Description:** The code value for the state applicable to the address entered, if country selected is United States of America (USA) or Mexico **Explanation:** See description **Required** if Country is USA or Mexico and Address 1 is supplied **Note:** No notable information	C	See Appendix A, Section 3	3	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
38	ZIP Code 5	**Description:** The first five digits of the zip code for the address designated in Address Type **Explanation:** If Country is USA, the following are required: • Use numeric format • The first five numbers of the ZIP Code **Required** if Country is USA and Address 1 is supplied **Note:** No notable information	C	#####	5	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
39	ZIP Code 4	**Description:** The next four digits of the zip code or the address designated in Address Type **Explanation:** Data accepted if ZIP Code – 5 digits is supplied **Required:** No required data **Note:** No notable information	O	####	4	No Difference
40	Country	**Description:** The code value for the country **Explanation:** See description **Required** if Address 1 is supplied **Note:** No notable information	C	See Appendix A, Section 4	3	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES		MAX LENGTH	LEGACY (ACES) FIELD VALUES
41	Province/Territory	**Description:** The province or territory which coincides with the Address Type **Explanation:** See description **Required:** When Country is neither US nor Mexico and Address Line 1 is provided. **Note:** If Country is not USA, Mexico, or Canada, then Province is optional and can be submitted through free form text.	C	**LONG NAME**	**CODE VALUE**	50	No Difference
				Alberta	AB		
				British Columbia	BC		
				Manitoba	MB		
				New Brunswick	NB		
				Newfoundland	NF		
				Northwest Territories	NT		
				Nova Scotia	NS		
				Ontario	ON		
				Prince Edward Island	PE		
				Quebec	PQ		
				Saskatchewan	SK		
				Yukon	YT		

Free form text of up to 50 characters if Country not equal to Canada, USA, or Mexico.

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
42	Postal Code	**Description:** The International Postal Code **Explanation:** The International Postal Code is alphanumeric **Required:** When Country indicated is not USA and Address Line 1 is supplied. **Note:** No notable information	C	Free form text of up to 12 characters	12	No Current Equivalent
43	Qualifying Person ID Type	**Description:** The type of unique identifier for the member that qualifies the subscriber for health enrollment **Explanation:** When first reporting for an employee, this ID can be SSN. On all	C	<table><tr><th>LONG NAME</th><th>CODE VALUE</th></tr><tr><td>Social Security Number</td><td>SSN</td></tr><tr><td>CalPERS Identification</td><td>PID</td></tr></table>	3	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		subsequent transactions for the employee, the CalPERS ID must be provided **Required** for Health Event Types: • New Enrollment: Required if Health Event Reason is Surv Benefits Paid by ER • COBRA Enrollment when Eligibility Basis is COBRA Qual Dependent Data accepted if reported for Health Event Type Cancel Coverage **Note:** No notable information				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
44	Qualifying Person ID	**Description:** The unique identifier of the member who qualifies the subscriber for health enrollment **Explanation:** Data accepted if reported for Health Event Type Cancel Coverage If SSN is selected as ID type, the number should be submitted using the following format: • The Social Security Number must be nine digits • Social Security Numbers cannot start with 8, 9, or 666 • Each section of the Social Security Number cannot be all zeroes (i.e., 000 ######, ###00####, and #####0000 are	C	######### (SSN) ########## (CalPERS ID)	10	SSN

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		each prohibited) The CalPERS ID, which is 10-digits, will be created and stored by the new system during enrollment, and will be used to identify participants when data is shared with CalPERS. It will be used in place of a Social Security Number in subsequent enrollment files. Prior to system Go-Live, CalPERS will send employers a file with the CalPERS IDs for each of their existing employees and dependents **Required** for Health Event Type: • New Enrollment when Health Event Reason is Surv Benefits Paid by ER				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		• COBRA Enrollment when Eligibility Basis is COBRA Qual Dependent Data accepted if reported for Health Event Type Cancel Coverage **Note:** No notable information				
45	Permanent Separation Date (Qualifying Member)	**Description:** Last day of a qualifying individual's employment **Explanation:** See description **Required** for Health Event Types Cancel Coverage: • If the individual is a non-PERS health subscriber; or • If the Health Event Reason is either	C	yyyy-mm-dd	10	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		Cancel Perm Separation or Layoff Cancel COBRA New Enrollment: • If Eligibility Basis is either COBRA Qual Subscriber and individual is Non-PERS **Note:** No notable information				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
46	Retirement Date (Qualifying Member)	**Description:** The retirement date of the qualifying individual **Explanation:** • See description **Required** if the individual is a non-PERS health subscriber and Health Event Types are: • New Enrollment • Continued Enrollment **Note:** No notable information	C	yyyy-mm-dd	10	No Current Equivalent
47	First Name (Qualifying Member)	**Description:** The first name of the member who qualifies the subscriber for health enrollment **Explanation:** See description **Required** for the	C	xxxxxxxxxxxxxxxxxxxxx	20	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		following Health Event Types**:** • New Enrollment: Required if Health Event Reason is Surv Benefits Paid by ER • COBRA Enrollment: Required if Eligibility Basis is COBRA Qual Dependent Data accepted for Cancel Coverage **Note:** The following characters are permitted: • Only Alpha characters, blank spaces, hyphens (-), and apostrophes (') will be accepted				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
48	Middle Name (Qualifying Member)	**Description:** The middle name of the member who qualifies the subscriber for health enrollment **Explanation:** See description **Required:** No required data Data accepted for New Enrollment if Health Event Reason is Surv Benefits Paid by ER Cancel Coverage COBRA Enrollment if Eligibility Basis is COBRA Qual Dependent **Note:** Only alpha and will allow blank spaces, hyphens (-), and apostrophes (')	O	xxxxxxxxxxxxxxxxxxxx	20	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
49	Last Name (Qualifying Member)	**Description:** The last name of the member who qualifies the subscriber for health enrollment **Explanation:** See description **Required** for the following Health Event Types**:** • New Enrollment: Required if Health Event Reason is Surv Benefits Paid by ER • COBRA Enrollment: Required if Eligibility Basis is COBRA Qual Dependent Data accepted for Cancel Coverage **Note:** The following characters are	C	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	30	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		permitted: • Only alpha characters, blank spaces, hyphens (-), and apostrophes (') will be accepted • Minimum of one alpha character • Cannot start with a blank space				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES		MAX LENGTH	LEGACY (ACES) FIELD VALUES
50	Gender (Qualifying Member)	**Description:** The gender of the member who qualifies the subscriber for health enrollment. **Explanation:** Data accepted if reported for Health Event Type Cancel Coverage **Required** for Health Event Type: • New Enrollment when Health Event Reason is Surv Benefits Paid by ER • COBRA Enrollment when Eligibility Basis is COBRA Qual Dependent **Note:** No notable information	C	**LONG NAME** / **CODE VALUE** Male — M Female — F Unknown — U		3	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
51	Birth Date (Qualifying Member)	**Description:** The date of birth of the member who qualifies the subscriber for health enrollment **Explanation:** Data accepted if reported for Health Event Type Cancel Coverage **Required** for Health Event Type: • New Enrollment when Health Event Reason is Surv Benefits Paid by ER • COBRA Enrollment when Eligibility Basis is COBRA Qual Dependent **Note:** No notable information	C	yyyy-mm-dd	10	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES		MAX LENGTH	LEGACY (ACES) FIELD VALUES
52	COBRA Eligibility Basis	**Description:** The basis for COBRA eligibility **Explanation:** See description **Required** for Health Event Type COBRA New Enrollment **Note:** No notable information	C	**LONG NAME**	**CODE VALUE**	3	No Difference
				COBRA Qualifying Subscriber	CSB		
				COBRA Qualifying Dependent	CDT		
				COBRA Qualifying Subscriber New Contracting	CSC		
				COBRA Qualifying Dependent New Contracting	CDC		
53	Original COBRA Start Date	**Description:** The first day of COBRA health enrollment coverage **Explanation:** See description **Required** for Health Event Type COBRA New Enrollment **Note:** No notable information	C	yyyy-mm-dd		10	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES		MAX LENGTH	LEGACY (ACES) FIELD VALUES
54	Affiliated Association	**Description:** The affiliated association of the qualifying Individual **Explanation:** See description **Required:** For the following Health Event Types if the medical plan selected is an affiliated association • New Enrollment • COBRA New Enrollment • Change Health Plan if Open Enrollment **Note:** No notable information	C	**LONG NAME** / **CODE VALUE**		3	No Current Equivalent
				California Associations of Highway Patrol	CHP		
				California Correctional Peace Officers Association	CPO		
				Peace Officers Research Association of California	POR		
55	Medical Plan Selection	**Description:** Used to select a medical plan **Explanation:**	C	xxx The list of medical plans and their associated three digit code values will not be changed from their current values.		3	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		The list of medical plans will be updated by CalPERS and distributed, on an as-needed- basis annually If updating or changing dependent address, this field need not be completed **Required** for the following Health Event Types: • New Enrollment when Apply to Medical is selected • Change Health Plan when Apply to Medical is selected • COBRA New Enrollment when Apply to Medical is selected and Eligiblity Basis is COBRA Qual Dependent or COBRA Qual Dependent • Continued		Please continue to report the same medical plan values as you do today.		

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		Enrollment when Apply to Medical is selected • Open Enrollment when Apply to Medical is selected and Health Event Reason is New Enrollment OR Change Plans • Change Cov Type: Required if Apply to Medical is selected **Note:** In COMET, pre-my|CalPERS, the Medical Plan is entered as a four digit code with the forth digit indicating if the plan is to include member only, member + one dependent or member + family. In my|CalPERS this fourth digit is not needed and will cause a level 1 error if a fourth digit is included for this data element in the XML file.				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
56	Dental Plan Selection *(placeholder data tied to future legislation)*	**Description:** If dental becomes an option in the future, this would be used to select a dental plan **Explanation:** See description **Required** when Apply Change to Dental is True for the following Health Event Types: • New Enrollment • Change Health Plan • Continued Enrollment **Required** under the Health Event Type COBRA New Enrollment and Continued Enrollment under the following conditions: Apply Change to Dental is selected as True and Eligibility Basis is COBRA Qual	C	xxx This element is not currently needed and is indicated here only as a placeholder for future legislation.	3	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		Subscriber or COBRA Qualifying Dependent **Required** for Health Event Type Open Enrollment when Apply Change to Dental is True and the Health Event Reason: is: • New Enrollment, or • Change Health Plan **Note:** This element is not currently needed and is a indicated here only as a placeholder for future legislation.				
57	Vision Plan Selection *(placeholder data tied to future legislation)*	**Description:** If vision becomes an option in the future, this would be used to select a vision plan **Explanation:** See description **Required** when Apply	C	xxx This element is not currently needed and is indicated here only as a placeholder for future legislation.	3	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		Change to Vision is True for the following Health Event Types: • New Enrollment • Change Health Plan • Continued Enrollment **Required** under the Health Event Type COBRA New Enrollment and Continued Enrollment under the following conditions: Apply Change to Vision is selected as True and Eligibility Basis is COBRA Qual Subscriber or COBRA Qualifying Dependent **Required** for Health Event Type Open Enrollment when Apply Change to Vision is True and the Health Event Reason: is: • New Enrollment, or				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES		MAX LENGTH	LEGACY (ACES) FIELD VALUES
		• Change Health Plan **Note:** This element is not currently needed and is a indicated here only as a placeholder for future legislation.					
58	Dependent Identifier Type	**Description:** The type of person identifier available for the dependent **Explanation:** Type of unique employee identifier. On first report of an employee, this can be SSN. On all subsequent transactions for the employee, this will be the Dependent Identifier Type CalPERS ID **Required for**	C	**LONG NAME**	**CODE VALUE**	3	No Current Equivalent
				Social Security Number	SSN		
				CalPERS Identification	PID		

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		• New Enrollment when Dependent Relationship is Spouse or Domestic Partner • Add Dependent when Dependent Relationship is Spouse or Domestic Partner • Delete Dependent • COBRA New Enrollment when Dependent Relationship is Spouse or Domestic Partner and Eligibility Basis is COBRA Qual Subscriber or COBRA Qual Dependent • Dependent Address Change • Change Coverage Type when dependent's coverage type has changed				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		Note: No notable information				
59	Dependent Identifier	**Description:** Type of unique identifier **Explanation:** If SSN is selected as the ID type, the number should be submitted using the following format: • The Social Security Number must be nine digits • Social Security Numbers cannot start with 8, 9, or 666 • Each section of the Social Security Number cannot be all zeroes (i.e., 000######, ###00####, and #####0000 are each prohibited) **Required for**	C	######### (SSN) ########## (CalPERS ID)	10	SSN

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		• New Enrollment when Dependent Relationship is Spouse or Domestic Partner • Add Dependent when Dependent Relationship is Spouse or Domestic Partner • Delete Dependent • COBRA New Enrollment when Dependent Relationship is Spouse or Domestic Partner and Eligibility Basis is COBRA Qual Subscriber or COBRA Qual Dependent • Dependent Address Change • Change Coverage Type when dependent's coverage type has changed				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES		MAX LENGTH	LEGACY (ACES) FIELD VALUES
		Note: The CalPERS ID, which is 10-digits, will be created and stored by the new system during enrollment, and will be used to identify participants when data is shared with CalPERS. It will be used in place of a Social Security Number in subsequent enrollment files. Prior to system Go-Live, CalPERS will send employers a file with the CalPERS IDs for each of their existing employees and dependents					
60	Dependent Gender	**Description:** The dependent's gender **Explanation:** See description. **Required** if dependent	C	**LONG NAME** / **CODE VALUE** Male — M Female — F Unknown — U		3	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		is being added to enrollment. **Note:** No notable information				
61	Dependent DOB	**Description:** The dependent's date of birth **Explanation:** See description **Required** if dependent is being added to enrollment. **Note:** No notable information	C	yyyy-mm-dd	10	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
62	Dependent First Name	**Description:** The dependent's first name **Explanation:** See description **Required** if dependent is being added to enrollment. **Note:** Only Alpha characters, blank spaces, hyphens (-), and apostrophes (') will be accepted	C	xxxxxxxxxxxxxxxxxxxx	20	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
63	Dependent Middle Name	**Description:** The dependent's middle name **Explanation:** See description **Required:** No required data **Note:** Alpha characters only and will allow blank spaces, hyphens (-), and apostrophes (')	O	xxxxxxxxxxxxxxxxxxxx	20	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
64	Dependent Last Name	**Description:** The dependent's last name **Explanation:** See description **Required** if dependent is being added to enrollment. **Note:** Only alpha characters, blank spaces, hyphens (-), and apostrophes (') will be accepted. • Minimum of one alpha character. • Cannot begin with a blank space	C	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	30	No Difference

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES		MAX LENGTH	LEGACY (ACES) FIELD VALUES
65	Dependent Suffix	**Description:** The dependent's suffix, if applicable **Explanation:** See description **Required:** No required data **Note:** No notable information	O	**LONG NAME**	**CODE VALUE**	3	No Difference
				Senior	SR		
				Junior	JR		
				First	I		
				Second	II		
				Third	III		
				Fourth	IV		
				Fifth	V		
				Ph.D	PHD		
				MD	MD		
				CPA	CPA		
				Ed.D	EDD		
				Esq.	ESQ		
				DDS	DDS		

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
66	Date of Marriage/ Partnership	**Description:** The date the dependent became a spouse/domestic partner of the primary subscriber **Explanation:** See description **Required** for the following Health Event Types when Dependent Identifier is supplied and Dependent Relationship is Spouse or Domestic Partner: • New Enrollment • Add Dependent • COBRA New Enrollment **Note:** No notable information	C	yyyy-mm-dd	10	No Difference
67	Address Same as Primary Subscriber	**Description:** Indicates if the dependent's address is the same as the primary subscriber	C	true / false (Must be entered in xml as all lower case)	5	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		Explanation: See description **Required** under the following conditions**:** If True, and Health Event Type is New Enrollment, then other dependent address information is not needed (only applicable when dependent is added during New Enrollment) If True, and Health Event Type is Add Dependent or Change Dependent Address, then other dependent address information is not needed Data accepted if Health Event Type is COBRA New Enrollment, and Eligibility Basis is COBRA Qual Subscriber				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		Data accepted if Health Event Type is COBRA New Enrollment, and Eligibility Basis is COBRA Qual Dependent; For other Eligibility Basis statuses can only carry over dependents from previous enrollment If True, and Health Event Type is Open Enrollment and Health Event Reason is New Enrollment, then other dependent address information is not needed (only applicable when dependent is added during new enrollment) If True, and Health Event Type is Open Enrollment and Health Event Reason is Add Dependent, then other dependent address				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES		MAX LENGTH	LEGACY (ACES) FIELD VALUES
		information is not needed **Note:** No notable information					
68	Dependent Address Type	**Description:** The dependent's type of address **Explanation:** See description **Required** for the following Health Event Types when Address Same as Primary Subscriber is false: • New Enrollment • Cancel Coverage • COBRA New Enrollment **Note:** Only one address type can be submitted with each health enrollment transaction	C	**LONG NAME** / **CODE VALUE** Mailing Address — MAI Physical Address — PHY		3	No Current Equivalent

The FIELD VALUES cell for row 68 contains the following table:

LONG NAME	CODE VALUE
Mailing Address	MAI
Physical Address	PHY

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
69	Dependent Address 1	**Description:** The first address line of the address to be entered. **Explanation:** Typically used for the person's street address or in care of information. **Required** for the following Health Event Types when Address Same as Primary Subscriber is false: • New Enrollment • Cancel Coverage COBRA New Enrollment **Note:** If the address is an apartment or suite number, and cannot fit in Address 1, then use Address 2	C	Free form text of up to 30 characters	30	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
70	Dependent Address 2	**Description:** The second address line **Explanation:** Typically used for the person's street address if address line 1 was used for in care of information; otherwise would be used for address information that does not fit on address line 1, such as; suite number, building name, room number, apartment number, etc Data accepted if Dependent Address 1 is supplied **Required:** No required data **Note:** No notable information	O	Free form text of up to 30 characters	30	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
71	Dependent Address 3	**Description:** The third address line **Explanation:** Typically used for any address data that does not fit on address lines 1 and 2 Data accepted if Dependent Address 1 is supplied **Required:** No required data **Note:** No notable information	O	Free form text of up to 30 characters	30	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
72	Dependent City	**Description:** The city applicable to the address entered **Required:** When transaction type is Address Change **Required:** When Dependent Address 1 is provided **Note:** Data element accepts alpha and numeric characters	C	Free form text of up to 30 characters	30	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
73	Dependent State	**Description:** The code value for the state applicable to the Dependent address entered, if country selected is United States of America (USA) or Mexico **Explanation:** See description **Required** if Dependent Country is USA or Mexico and Dependent Address 1 is supplied **Note:** No notable information	C	See Appendix A, Section 3	3	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
74	Dependent ZIP Code 5	**Description:** The first five digits of the zip code for the address designated in Address Type **Explanation:** If Dependent Country is USA, the following are required: • Use numeric format • The first five numbers of the ZIP Code **Required** if Dependent Country is USA and Dependent Address 1 is supplied **Note:** No notable information	C	#####	5	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
75	Dependent ZIP Code 4	**Description:** The next four digits of the zip code or the address designated in Address Type **Explanation:** Data accepted if Dependent ZIP Code – 5 digits is supplied **Required:** No required data **Note:** No notable information	O	####	4	No Current Equivalent
76	Dependent Country	**Description:** The code value for the country **Explanation:** See description **Required** if: Dependent Address 1 is provided **Note:** No notable information	C	See Appendix A, Section 4	3	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES		MAX LENGTH	LEGACY (ACES) FIELD VALUES
77	Dependent Province/ Territory	**Description:** The province or territory which coincides with the Address Type

Explanation: See description

Required: If the Dependent Country provided is Canada and Dependent Address 1 is supplied

Note: If Dependent Country is not USA, Mexico, or Canada, then Dependent Province is optional for New Enrollment, Add Dependent, COBRA New Enrollment and Dependent Address Change and can be submitted through free form text. | C | **LONG NAME** | **CODE VALUE** | 50 | No Current Equivalent |
				Alberta	AB		
				British Columbia	BC		
				Manitoba	MB		
				New Brunswick	NB		
				Newfoundland	NF		
				Northwest Territories	NT		
				Nova Scotia	NS		
				Ontario	ON		
				Prince Edward Island	PE		
				Quebec	PQ		
				Saskatchewan	SK		
				Yukon	YT		

Free form text of up to 50 characters if Country not equal to Canada, USA, or Mexico.

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
78	Dependent Postal Code	**Description:** The International Postal Code **Explanation:** The International Postal Code is alphanumeric **Required** if Dependent Country is not USA and Dependent Address 1 is supplied **Note:** No notable information	C	Free form text of up to 12 characters	12	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES		MAX LENGTH	LEGACY (ACES) FIELD VALUES	
79	Dependent Relationship	**Description:** The dependent's relationship to the primary subscriber **Explanation:** See description **Required** for the following Health Event Types: o Add Dependent o New Enrollment if dependent is being added to enrollment o COBRA New Enrollment if dependent is being added to enrollment **Note:** No notable information	C	**LONG NAME**	**CODE VALUE**	3	**LONG NAME**	**CODE VALUE**
				Spouse	SPO		Spouse	1
				Domestic Partner	DP		Child	2
				Brother	BRO		Step Child	3
				Sister	SIS		Economically dependent child	4
				Niece	NIE		Adopted Child	5
				Nephew	NEP		Domestic Partner	6
				Grandchild	GC		Domestic Partner Child	7
				Child	CHI		Brother	15
				Step Child	SC		Sister	15
				Domestic Partner Child	DPC			
				Step Grandchild	SG			
				Great Grandchild	GG			
				Cousin	COU			
				Other Person	OP			
				Adopted Child	ADC			

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES			MAX LENGTH	LEGACY (ACES) FIELD VALUES
80	Dependent Type	**Description:** The type of dependent **Explanation:** See description **Required** for Health Event Type Add Dependent **Required** if dependent is added during Health Event Type New Enrollment **Required** if Health Event Type is COBRA New Enrollment and Eligibility Basis is COBRA Qual Dependent For other COBRA eligibilities can only carry over dependents from previous enrollment and is required **Note:** No notable information	C	**LONG NAME**	**PARTICIPANT RELATIONSHIP**	**CODE VALUE**	3	No Current Equivalent
				Dependent Natural Born Child	Child	DBC		
				Dependent Adopted Child	Child	DAC		
				Economically Dependent Child	Child, Niece, Nephew, Grandchild, Step Child, Domestic Partner Child, Step Grandchild, Great Grandchild	EDC		
				Spouse	Spouse	SPO		
				Step Child	Child	STC		
				Domestic Partner	Domestic Partner	DP		
				Domestic Partner Child	Child	DPC		
				Sibling	Sibling	SIB		

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
81	Disabled Dependent Indicator	**Description:** Indicates if the added dependent is a disabled, dependent child **Required:** No required data Data accepted for Health Event Type New Enrollment if dependent is added during New Enrollment Data accepted for Health Event Type Add Dependent if Eligibility Basis is COBRA Qual Subscriber Not used for Health Event Type Add Dependent, if Eligibility Basis is COBRA Qual Dependent, or COBRA Qualifying Dependent New Contracting; Can only carry over dependents from	O	true / false (Must be entered in xml as all lower case)	5	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		previous enrollment Data accepted during Health Event Type Open Enrollment for Health Event Reason New Enrollment, if dependent is added during new enrollment **Note:** No notable information				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
82	Disabled Dependent Confirmation Indicator	**Description:** Indicates that the employer understands the disabled dependent enrollment is not confirmed until review by CalPERS **Explanation:** See description **Required** if Disabled Dependent Indicator is supplied **Note:** No notable information	C	true / false (Must be entered in xml as all lower case)	5	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
83	Economically Dependent Confirmation Indicator	**Description:** Indicates if the economically dependent child was validated **Explanation:** See description **Required** for the following Health Event Types if Dependent Type is Economically Dependent Child: o New Enrollment o Add Dependent o COBRA New Enrollment **Note:** No notable information	C	true / false (Must be entered in xml as all lower case)	5	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
84	Dependent Acquired Date	**Description:** The date the child was declared economically dependent to the subscriber. **Explanation:** See description. **Required** if Economically Dependent Confirmation indicator is supplied **Note:** No notable information	C	yyyy-mm-dd	10	
85	Apply to Medical	**Description:** Indicates if the enrollment transaction should be applied to medical **Explanation:** See description **Required** for the following Health Event	C	true / false (Must be entered in xml as all lower case)	5	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
		Types: o New Enrollment if dependent is added o Add Dependent o COBRA New Enrollment; only for Eligiblity Basis is COBRA Qual Dependent o Open Enrollment if Health Enrollment Reason is New Enrollment and dependent is added o Open Enrollment if Health Enrollment Reason is Add Dependent o Change Cov Type if dependent's coverage type has changed **Note:** No notable information				

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
86	Apply to Dental *(placeholder data element tied to future legislation)*	**Description:** If dental becomes an option in the future, this data element would indicate that the enrollment is applicable to dental benefit type **Explanation:** See description **Required:** At least one (Apply to Medical, Apply to Dental, or Apply to Vision) is required for the following Health Transaction Types: New Enrollment, Add Dependent, COBRA New Enrollment and Change Coverage Type **Note:** This element is not currently needed and is a indicated here only as a placeholder for future legislation.	C	true / false (Must be entered in xml as all lower case) This element is not currently needed and is indicated here only as a placeholder for future legislation.	5	No Current Equivalent

#	DATA ELEMENT NAME	DESCRIPTION OF SUBMITTED DATA	R/O/C	FIELD VALUES	MAX LENGTH	LEGACY (ACES) FIELD VALUES
87	Apply to Vision *(placeholder data element tied to future legislation)*	**Description:** If vision becomes an option in the future, this data element would indicate that the enrollment is applicable to vision benefit type **Explanation:** See description **Required:** At least one (Apply to Medical, Apply to Dental, or Apply to Vision) is required for the following Health Transaction Types: New Enrollment, Add Dependent, COBRA New Enrollment and Change Coverage Type **Note:** This element is not currently needed and is a indicated here only as a placeholder for future legislation.	C	true / false (Must be entered in xml as all lower case) This element is not currently needed and is indicated here only as a placeholder for future legislation.	5	No Current Equivalent

Appendix A – Field Values

1. **Health Event Type Descriptions**

Health Event Type	Code Value	Definition
Add Dependent	ADP	Add dependent for health coverage
Delete Dependent	DDP	Delete a dependent from health coverage
Cancel Coverage	CCO	Terminate health enrollment
Change Health Plan	CHP	Change medical, dental (future provision), or vision (future provision) plan for the health enrollment
Dependent Address Change	DEC	Update address information for existing dependents
Change Premium Payment Method	CPP	Direct Pay or Off-Pay status due to appointment events such as LOA & PI
New Enrollment	NEN	New health enrollment
Open Enrollment	OEN	Open Enrollment health elections
Continued Enrollment	COE	Health enrollment coverage for the extended period between Active status and Retired status.
Update Enrollment	UEN	Update address information for the subscriber; Update Medical Group assignments for health benefits
COBRA New Enrollment	CNE	Continuation of health enrollment (under COBRA) due to cancel coverage based on events such as permanent separation, 23 year old dependent, or divorce

2. Health Event Reason (Sorted by Health Event Types, Ascending)

LONG NAME (Event Reason)	CODE VALUES	HEALTH EVENT TYPE
Birth/placement	200	Add Dependent
Court Order	208	Add Dependent
Custody	202	Add Dependent
Domestic Partner Add	215	Add Dependent
Domestic Partner Child Add	216	Add Dependent
Economically dependent	203	Add Dependent
Loss of Coverage	204	Add Dependent
Marriage	201	Add Dependent
Medically Disabled	210	Add Dependent
New Contracting - Medically Disabled	218	Add Dependent
Off pay Open Enrollment	207	Add Dependent
Return from Military Leave	205	Add Dependent
Special Enrollment Dependent	213	Add Dependent
Appeal denied	507	Cancel Coverage
Cancel: Perm Separation	515	Cancel Coverage
Cancel; PA/Sch Site Chg	529	Cancel Coverage
Change in appt. outside b/u	501	Cancel Coverage
Insufficient Hours	500	Cancel Coverage
Layoff Cancel	516	Cancel Coverage
Military Leave	534	Cancel Coverage
Off Pay Status Cancel	533	Cancel Coverage
Reinstatement (Non-PERS)	535	Cancel Coverage
Subscriber Death	526	Cancel Coverage
Subscriber request	505	Cancel Coverage
Subscriber Request - COBRA	536	Cancel Coverage
Time base/tenure chg	502	Cancel Coverage
Update CBU Benefits	836	Cancel Coverage
Association membership	403	Change Health Plan
Change Plan due to Eligibility ZIP Change	412	Change Health Plan

LONG NAME (Event Reason)	CODE VALUES	HEALTH EVENT TYPE
Move	402	Change Health Plan
Off Pay during Open Enrollment	401	Change Health Plan
Out of association plan	404	Change Health Plan
Special Enrollment - Change Health Plan	405	Change Health Plan
Chg to deduct-FMLA	715	Change Premium Payment Method
Chg to deduct-Retirement	716	Change Premium Payment Method
Chg to deduct-Return to Work	712	Change Premium Payment Method
CSU Inactive	708	Change Premium Payment Method
Insufficient earnings	709	Change Premium Payment Method
LOA	704	Change Premium Payment Method
Pending NDI	710	Change Premium Payment Method
PI/ off pay	706	Change Premium Payment Method
Suspension	707	Change Premium Payment Method
Worker Comp/Claim Pending	705	Change Premium Payment Method
COBRA Death of Employee	134	COBRA New Enrollment
COBRA Dep Cont-Sub on Medicare	135	COBRA New Enrollment
COBRA Div/Sep/Mv from Household	133	COBRA New Enrollment
COBRA Loss of Dependent Status	136	COBRA New Enrollment
COBRA Loss of Employment	132	COBRA New Enrollment
COBRA New Contract Agency Dep	140	COBRA New Enrollment
COBRA New Contract Agency Sub	139	COBRA New Enrollment
COBRA Reduction in Hours	131	COBRA New Enrollment
Pending Retirement	119	Continued Enrollment
Pending Retirement - Deferred Retirees	169	Continued Enrollment
Re-enroll SES/PA FFPO Survivor	146	Continued Enrollment
23 year old delete	301	Delete Dependent
Change of custody	312	Delete Dependent
Death of Dependent	300	Delete Dependent
Divorce	302	Delete Dependent
Domestic Partner Child Term	319	Delete Dependent
Domestic Partner Term	318	Delete Dependent

LONG NAME (Event Reason)	CODE VALUES	HEALTH EVENT TYPE
Enroll Own Right Dependent	304	Delete Dependent
Gains other coverage	307	Delete Dependent
Ineligible dependent	306	Delete Dependent
Legal separation	308	Delete Dependent
Loss economic dependence	310	Delete Dependent
Marriage of Dependent Child	303	Delete Dependent
Military - Del Dependent	309	Delete Dependent
No longer certifiable	305	Delete Dependent
Optional Delete	311	Delete Dependent
Vacates household	313	Delete Dependent
Address Update	900	Dependent Address Change
BU 06 PI Cadet New Enroll	153	New Enrollment
Enroll < half time Emp	148	New Enrollment
Enroll Own right Employees	108	New Enrollment
Late or Loss of Coverage (Emp)	101	New Enrollment
Layoff: Enroll Direct Pay	123	New Enrollment
Military - New Enrollment	103	New Enrollment
NC EE Enroll < half time Emp	150	New Enrollment
New Contracting Employee	115	New Enrollment
New Contracting LOA	118	New Enrollment
New contracting Survivor without Benefits	163	New Enrollment
Off Pay during O/E	111	New Enrollment
Off Pay eligible PI	107	New Enrollment
Re-employment	167	New Enrollment
Reinstatement	102	New Enrollment
Return from Off Pay Status	160	New Enrollment
Special Enrollment Employees	129	New Enrollment
State Retiree - Dental Enrollment	166	New Enrollment
STRS Survivor No Allowance	149	New Enrollment
Surv Benefits Paid by ER	145	New Enrollment
Survivor Without Benefits	128	New Enrollment

LONG NAME (Event Reason)	CODE VALUES	HEALTH EVENT TYPE
Time Base & Tenure	100	New Enrollment
Time Base, Tenure, Hours	106	New Enrollment
Enrolled into Flex Elect	503	Open Enrollment
OE Cancel Coverage	530	Open Enrollment
OE Enroll < half time Emp New Enrollment	170	Open Enrollment
Open Enrollment Add Dep	206	Open Enrollment
Open Enrollment Change Health Plan	400	Open Enrollment
Open Enrollment Delete Dependent	320	Open Enrollment
Open Enrollment Employees New Enrollment	104	Open Enrollment
Recertification of Disabled Dependent	906	Recertify Dependent
Cancel Eligibility Zip - Employer	481	Update Enrollment
Change Eligibility Zip - Employer	480	Update Enrollment
Change Medical Group	904	Update Enrollment
Opt in Vesting	908	Update Enrollment
Opt out Vesting	909	Update Enrollment
Update Demographics	905	Update Enrollment

3. **State Code Values (Sorted by Country, Ascending)**

LONG NAME	CODE VALUE	COUNTRY	LONG NAME	CODE VALUE	COUNTRY
Aguascalientes	AG	MEX	Queretaro	QA	MEX
Baja California, Norte	BJ	MEX	Quintana Roo	QR	MEX
Baja California, Sur	BS	MEX	San Luis Potosi	SL	MEX
Campeche	CP	MEX	Sinaloa	SI	MEX
Chiapas	CHI	MEX	Sonora	SO	MEX
Chihuahua	CI	MEX	Tabasco	TA	MEX
Coahuila	CU	MEX	Tamaulipas	TM	MEX
Colima	CL	MEX	Tlaxcala	TL	MEX
Distrito Ferderal	DF	MEX	Veracruz	VZ	MEX
Durango	DG	MEX	Yucatan	YC	MEX
Guanajuato	GJ	MEX	Zacatecas	ZT	MEX
Guerrero	GR	MEX	Alabama	AL	USA
Hidalgo	HG	MEX	Alaska	AK	USA
Jalisco	JA	MEX	American Samoa	AS	USA
Mexico	EM	MEX	Arizona	AZ	USA
Michoacan	MH	MEX	Arkansas	AR	USA
Moreios	MR	MEX	Armed Forces Europe	AE	USA
Nayarit	NA	MEX	Armed Forces Pacific	AP	USA
NuevoLeon	NL	MEX	Armed Forces the Americas	AA	USA
Oaxaca	OA	MEX	California	CA	USA
Puebla	PU	MEX	Colorado	CO	USA

LONG NAME	CODE VALUE	COUNTRY	LONG NAME	CODE VALUE	COUNTRY
Delaware	DE	USA	Nevada	NV	USA
District of Columbia	DC	USA	New Hampshire	NH	USA
Federated States of Micronesia	FM	USA	New Mexico	NM	USA
Florida	FL	USA	New York	NY	USA
Georgia	GA	USA	North Carolina	NC	USA
Guam	GU	USA	North Dakota	ND	USA
Hawaii	HI	USA	North Mariana Islands	MP	USA
Idaho	ID	USA	Ohio	OH	USA
Illinois	IL	USA	Oklahoma	OK	USA
Indiana	IN	USA	Oregon	OR	USA
Iowa	IA	USA	Palau	PW	USA
Kansas	KS	USA	Pennsylvania	PA	USA
Kentucky	KY	USA	Puerto Rico	PR	USA
Louisiana	LA	USA	Rhode Island	RI	USA
Maine	ME	USA	South Carolina	SC	USA
Marshall Islands	MH	USA	South Dakota	SD	USA
Maryland	MD	USA	Tennessee	TN	USA
Massachusetts	MA	USA	Texas	TX	USA
Michigan	MI	USA	Utah	UT	USA
Minnesota	MN	USA	Vermont	VT	USA
Mississippi	MS	USA	Virgin Islands	VI	USA
Missouri	MO	USA	Virginia	VA	USA
Montana	MT	USA	Washington	WA	USA
Nebraska	NE	USA	West Virginia	WV	USA

LONG NAME	CODE VALUE	COUNTRY	LONG NAME	CODE VALUE	COUNTRY
Wisconsin	WI	USA	Wyoming	WY	USA

4. Country Code Values

LONG NAME	CODE VALUES	LONG NAME	CODE VALUES
United States	US	Benin	BJ
Canada	CA	Bermuda	BM
Mexico	MX	Bhutan	BT
Afghanistan	AF	Bolivia	BO
Albania	AL	Bosnia-Herzegovina	BA
Algeria	DZ	Botswana	BW
American Samoa	AS	Bouvet Island	BV
Andorra	AD	Brazil	BR
Angola	AO	British Indian Ocean Terr	IO
Anguilla	AI	Brunei	BN
Antarctica	AQ	Bulgaria	BG
Antigua & Barbuda	AG	Burkina Faso	BF
Argentina	AR	Burundi	BI
Armenia	AM	Cambodia	KH
Aruba	AW	Cameroon	CM
Australia	AU	Cape Verde	CV
Austria	AT	Cayman Islands	KY
Azerbaijan	AZ	Central African Republic	CF
Bahamas	BS	Chad	TD
Bahrain	BH	Chile	CL
Bangladesh	BD	China	CN
Barbados	BB	Christmas Island (Pacific)	CX
Belarus	BY	Cocos (Keeling) Islands	CC
Belgium	BE	Colombia	CO
Belize	BZ	Comoros	KM

LONG NAME	CODE VALUES	LONG NAME	CODE VALUES
Congo	CG	Gabon	GA
Cook Islands	CK	Gambia	GM
Costa Rica	CR	Georgia	GE
Croatia	HR	Germany	DE
Cuba	CU	Ghana	GH
Cyprus	CY	Gibraltar	GI
Czech Republic	CZ	Greece	GR
The Democratic Republic of the Congo	CD	Greenland	GL
Denmark	DK	Grenada	GD
Djibouti	DJ	Guadeloupe	GP
Dominica	DM	Guam	GU
Dominican Republic	DO	Guatemala	GT
Ecuador	EC	Guernsey	GG
Egypt	EG	Guinea	GN
El Salvador	SV	Guinea Bissau	GW
Equatorial Guinea	GQ	Guyana	GY
Eritrea	ER	Haiti	HT
Estonia	EE	Heard Mcdonald Islands	HM
Ethiopia	ET	Honduras	HN
Falkland Islands	FK	Hong Kong	HK
Faroe Islands	FO	Hungary	HU
Fiji	FJ	Iceland	IS
Finland	FI	India	IN
France	FR	Indonesia	ID
French Guiana	GF	Iran	IR
French Polynesia	PF	Iraq	IQ

LONG NAME	CODE VALUES	LONG NAME	CODE VALUES
Ireland	IE	Madagascar	MG
Isle Of Man	IM	Malawi	MW
Israel	IL	Malaysia	MY
Italy	IT	Maldives	MV
Ivory Coast	CI	Mali	ML
Jamaica	JM	Malta	MT
Jan Mayen	SJ	Marshall Islands	MH
Japan	JP	Martinique	MQ
Jersey	JE	Mauritania	MR
Jordan	JO	Mauritius	MU
Kazakhstan	KZ	Mayotte	YT
Kenya	KE	Micronesia	FM
Kiribati	KI	Moldova	MD
Kuwait	KW	Monaco	MC
Kyrgyzstan	KG	Mongolia	MN
Laos	LA	Montenegro	ME
Latvia	LV	Montserrat	MS
Lebanon	LB	Morocco	MA
Lesotho	LS	Mozambique	MZ
Liberia	LR	Myanmar	MM
Libya	LY	Namibia	NA
Liechtenstein	LI	Nauru	NR
Lithuania	LT	Nepal	NP
Luxembourg	LU	Netherlands	NL
Macau	MO	Netherlands Antilles	AN
Macedonia	MK	New Caledonia	NC

LONG NAME	CODE VALUES	LONG NAME	CODE VALUES
New Zealand	NZ	San Marino	SM
Nicaragua	NI	Sao Tome & Principe	ST
Niger	NE	Saudi Arabia	SA
Nigeria	NG	Senegal	SN
Niue	NU	Serbia	RS
Norfolk Island	NF	Seychelles	SC
North Korea	KP	Sierra Leone	SL
Northern Mariana Islands	MP	Singapore	SG
Norway	NO	Slovakia	SK
Oman	OM	Slovenia	SI
Pakistan	PK	Solomon Islands	SB
Panama	PA	Somalia	SO
Papua New Guinea	PG	South Africa	ZA
Paraguay	PY	Spain	ES
Peru	PE	Sri Lanka	LK
Philippines	PH	St Helena	SH
Pitcairn Island	PN	St Kitts & Nevis	KN
Poland	PL	St Lucia	LC
Portugal	PT	St Pierre & Miquelon	PM
Puerto Rico	PR	St Vincent & Grenadines	VC
Qatar	QA	Sudan	SD
Republic Of South Korea	KR	Suriname	SR
Reunion	RE	Swaziland	SZ
Romania	RO	Sweden	SE
Russia	RU	Switzerland	CH
Rwanda	RW	Syria	SY

LONG NAME	CODE VALUES	LONG NAME	CODE VALUES
Taiwan	TW	Western Sahara	EH
Tajikistan	TJ	Western Samoa	WS
Tanzania	TZ	Yemen	YE
Thailand	TH	Zambia	ZM
Togo	TG	Zimbabwe	ZW
Tokelau	TK		
Tonga	TO		
Trinidad and Tobago	TT		
Tunisia	TN		
Turkey	TR		
Turkmenistan	TM		
Turks & Caicos Islands	TC		
Tuvalu	TV		
Uganda	UG		
Ukraine	UA		
United Arab Emirates	AE		
United Kingdom	GB		
Uruguay	UY		
Uzbekistan	UZ		
Vanuatu	VU		
Vatican City	VA		
Venezuela	VE		
Vietnam	VN		
Virgin Islands(British)	VG		
Virgin Islands(U.S.)	VI		
Wallis & FUTUNA	WF		

County Code Values

LONG NAME	CODE VALUE	LONG NAME	CODE VALUE
1 - Alameda	1	26 - Mono	51
2 - Alpine	3	27 - Monterey	53
3 - Amador	5	28 - Napa	55
4 - Butte	7	29 - Nevada	57
5 - Calaveras	9	30 - Orange	59
6 - Colusa	11	31 - Placer	61
7 - Contra Costa	13	32 - Plumas	63
8 - Del Norte	15	33 - Riverside	65
9 - El Dorado	17	34 - Sacramento	67
10 - Fresno	19	35 - San Benito	69
11 - Glenn	21	36 - San Bernardino	71
12 - Humboldt	23	37 - San Diego	73
13 - Imperial	25	38 - San Francisco	75
14 - Inyo	27	39 - San Joaquin	77
15 - Kern	29	40 - San Luis Obispo	79
16 - Kings	31	41 - San Mateo	81
17 - Lake	33	42 - Santa Barbara	83
18 - Lassen	35	43 - Santa Clara	85
19 - Los Angeles	37	44 - Santa Cruz	87
20 - Madera	39	45 - Shasta	89
21 - Marin	41	46 - Sierra	91
22 - Mariposa	43	47 - Siskiyou	93
23 - Mendocino	45	48 - Solano	95
24 - Merced	47	49 - Sonoma	97
25 - Modoc	49	50 - Stanislaus	99

LONG NAME	CODE VALUE	LONG NAME	CODE VALUE
51 - Sutter	101	1st District (SF)	100
52 - Tehama	103	2nd District (LA)	110
53 - Trinity	105	2nd Sub District (Ventura)	117
54 - Tulare	107	3rd District (Sac)	120
55 - Tuolumne	109	4th District (San Diego)	130
56 - Ventura	111	4th Sub District (Riverside)	131
57 - Yolo	113	4th Sub District (Santa Ana)	132
58 - Yuba	115	5th District (Fresno)	140
Out of State	0	6th District (Santa Clara)	150

5. Permissive Event Reasons

HEALTH EVENT REASON	HEALTH EVENT REASON CODE	HEALTH EVENT
Custody	202	Add Dependent
Domestic Partner Add	215	Add Dependent
Domestic Partner Child Add	216	Add Dependent
Economically dependent	203	Add Dependent
Loss of Coverage	204	Add Dependent
Marriage	201	Add Dependent
Medically Disabled	210	Add Dependent
New Contracting - Medically Disabled	218	Add Dependent
Off pay Open Enrollment	207	Add Dependent
Return from Military Leave	205	Add Dependent
Special Enrollment Dependent	213	Add Dependent
Cancel: Perm Separation	515	Cancel Coverage
Military Leave	534	Cancel Coverage
Off Pay Status Cancel	533	Cancel Coverage
Subscriber request	505	Cancel Coverage
Subscriber Request - COBRA	536	Cancel Coverage
Association membership	403	Change Health Plan
Change Plan due to Eligibility ZIP Change	412	Change Health Plan
Move	402	Change Health Plan
Off Pay during Open Enrollment	401	Change Health Plan
Special Enrollment - Change Health Plan	405	Change Health Plan
Chg to deduct-FMLA	715	Change Premium Payment Method
Chg to deduct-Return to Work	712	Change Premium Payment Method
CSU Inactive	708	Change Premium Payment Method
Insufficient earnings	709	Change Premium Payment Method
LOA	704	Change Premium Payment Method

HEALTH EVENT REASON	HEALTH EVENT REASON CODE	HEALTH EVENT
Pending NDI	710	Change Premium Payment Method
PI/ off pay	706	Change Premium Payment Method
Suspension	707	Change Premium Payment Method
Worker Comp/Claim Pending	705	Change Premium Payment Method
COBRA Death of Employee	134	COBRA New Enrollment
COBRA Dep Cont-Sub on Medicare	135	COBRA New Enrollment
COBRA Div/Sep/Mv from Household	133	COBRA New Enrollment
COBRA Loss of Dependent Status	136	COBRA New Enrollment
COBRA Loss of Employment	132	COBRA New Enrollment
COBRA New Contract Agency Dep	140	COBRA New Enrollment
COBRA New Contract Agency Sub	139	COBRA New Enrollment
COBRA Reduction in Hours	131	COBRA New Enrollment
Pending Retirement	119	Continued Enrollment
Pending Retirement - Deferred Retirees	169	Continued Enrollment
Re-enroll SES/PA FFPO Survivor	146	Continued Enrollment
Change of custody	312	Delete Dependent
Gains other coverage	307	Delete Dependent
Ineligible dependent	306	Delete Dependent
Legal separation	308	Delete Dependent
Military - Del Dependent	309	Delete Dependent
Optional Delete	311	Delete Dependent
Vacates household	313	Delete Dependent
BU 06 PI Cadet New Enroll	153	New Enrollment
Enroll < half time Emp	148	New Enrollment
Enroll Own right Employees	108	New Enrollment
Late or Loss of Coverage (Emp)	101	New Enrollment
Layoff: Enroll Direct Pay	123	New Enrollment
Military - New Enrollment	103	New Enrollment

HEALTH EVENT REASON	HEALTH EVENT REASON CODE	HEALTH EVENT
NC EE Enroll < half time Emp	150	New Enrollment
New Contracting Employee	115	New Enrollment
New Contracting LOA	118	New Enrollment
New contracting Survivor without Benefits	163	New Enrollment
Off Pay during O/E	111	New Enrollment
Off Pay eligible PI	107	New Enrollment
Re-employment	167	New Enrollment
Reinstatement	102	New Enrollment
Return from Off Pay Status	160	New Enrollment
Special Enrollment Employees	129	New Enrollment
State Retiree - Dental Enrollment	166	New Enrollment
STRS Survivor No Allowance	149	New Enrollment
Survivor Without Benefits	128	New Enrollment
Time Base & Tenure	100	New Enrollment
Time Base, Tenure, Hours	106	New Enrollment
OE Cancel Coverage	530	Open Enrollment
OE Enroll < half time Emp New Enrollment	170	Open Enrollment
Open Enrollment Add Dep	206	Open Enrollment
Open Enrollment Change Health Plan	400	Open Enrollment
Open Enrollment Delete Dependent	320	Open Enrollment
Open Enrollment Employees New Enrollment	104	Open Enrollment
Cancel Eligibility Zip - Employer	481	Update Enrollment
Change Eligibility Zip - Employer	480	Update Enrollment

Appendix B – Comparison of New Field Values to Legacy (ACES) Field Values

#	my|CalPERS Field Name	Definition	Equivalent ACES Field Name	Change?
1	**Employer's CalPERS ID**	A unique 10-digit identifier created by the new system, Once the employer becomes an approved business partner; the new system will create this unique identifier. This identifier replaces the Employer/Unit Code.	**Participant / PERS ER Code**	Yes
2	**Health Event Type**	The health event type	**Transaction Type**	Yes
3	**Health Event Reason**	The reasons for health enrollment. These are categorized by Health Event Types	**Health Event Reason Code**	Yes
4	**Unique Transaction Identifier**	The Unique Transaction Identifier is a memo field to record text. Employers uploading files can use this field to record a text memo for tracking purposes.	**Transaction #**	No
5	**Event Date**	The date that the health event occurred.	**Event Date**	No
6	**Received Date**	The date that the employer was notified of the health event.	**HBO Received Date**	No
7	**Apply Change To Medical**	Indicates that the change/enrollment is applicable to medical benefit type.	**Non-existent**	Yes

#	my|CalPERS Field Name	Definition	Equivalent ACES Field Name	Change?
8	**Apply Change To Dental**	If dental becomes an option in the future, this data element indicates the change/enrollment applies to the dental benefit.	**Non-existent**	Yes
9	**Apply Change To Vision**	If vision becomes an option in the future, this data element indicates the change/enrollment applies to vision benefit.	**Non-existent**	Yes
10	**Rescind Indicator**	Indicates whether a health enrollment transaction, with a future date, should be rescinded.	**Non-existent**	Yes
11	**Rescind Reason**	Reason why a health enrollment transaction is rescinded.	**Non-existent**	Yes
12	**Rescind Notes**	Notes about the reason for rescission.	**Non-existent**	Yes
13	**Agency Code**	The agency within the State the employee works for.	**Non-existent**	Yes
14	**Subscriber Status FERP**	Indicator of whether the primary subscriber has FERP status.	**Non-existent**	Yes
15	**FERP Status Begin Date**	The Begin Date of the primary subscriber's FERP status.	**Non-existent**	Yes
16	**FERP Status End Date**	The End Date of the primary subscriber's FERP status.	**Non-existent**	Yes

#	my|CalPERS Field Name	Definition	Equivalent ACES Field Name	Change?
17	**Appointment ID**	This represents the position into which the employee was hired. CalPERS will generate and store Appointment ID for the participant at the time of enrollment. If the employee has been hired into a new job for an existing appointment, this ID can be reported by the employer (e.g., employee switches from being a janitor to bus driver) to identify the employee.	**Non-existent**	Yes
18	**Person Identifier Type**	Type of unique person identifier.	**Non-existent**	Yes
19	**Person Identifier**	The unique identifier available for the person that is provided.	**SSN**	Yes
20	**New SSN**	The new SSN is a correction to the Social Security Number	**Non-existent**	Yes
21	**Original Hire Date**	The first date of hire for this employee at this employer.	**Non-existent**	Yes
22	**CBU**	The collective bargaining unit representing the employee	**Non-existent**	Yes
23	**First Name**	The person's first name.	**First Name**	No
24	**Middle Name**	The person's middle name.	**Middle Name**	No
25	**Last Name**	The person's last name.	**Last Name**	Yes
26	**Gender**	The person's gender.	**Gender**	No
27	**Birth Date**	The person's date of birth.	**Date of Birth**	No
28	**Suffix**	The person's suffix.	**Name Suffix**	Yes

#	my|CalPERS Field Name	Definition	Equivalent ACES Field Name	Change?
29	**Address Type**	Types of address.	**Addr Type**	No
30	**Use Address for Health**	Indicates that the person's address should be used for health enrollment.	**Non-existent**	Yes
31	**Health Eligibility ZIP Code Type**	The type of Zip Code used to determine health eligibility.	**Eligibility ZIP Type**	No
32	**Health Eligibility ZIP Code**	The health eligibility Zip Code.	**Eligibility ZIP**	No
33	**County**	The county the employee designates for health eligibility.	**Non-existent**	Yes
34	**Address 1**	The first address line.	**Alt Address Line**	No
35	**Address 2**	The second address line.	**Alt Address Line**	No
36	**City**	The city.	**City**	No
37	**State**	The state.	**State**	No
38	**ZIP Code 5**	The Zip or postal code.	**ZIP Code 5**	Yes
39	**ZIP Code 4**	The Zip or postal code.	**ZIP Code 4** **ZIP Code 2**	Yes
40	**Country**	The country.	**Country**	No
41	**Province/Territory**	The province or territory.	**Province / Territory**	No
42	**Postal Code**	The international postal code.	**Non-existent**	Yes
43	**Qualifying Person ID Type**	The type of unique identifier for the member that qualifies the subscriber for health enrollment.	**Non-existent**	Yes
44	**Qualifying Person ID**	The unique identifier of the member who qualifies the subscriber for health enrollment.	**Qualifying SSN**	No
45	**Permanent Separation Date**	Last day of a qualifying individual's employment.	**Participant / Effective Date**	No
46	**Retirement Date**	Retirement date of the qualifying individual	**Non-existent**	Yes
47	**First Name**	The employee's first name.	**First Name**	No

#	my|CalPERS Field Name	Definition	Equivalent ACES Field Name	Change?
48	Middle Name	The employee's middle name.	Middle Name	No
49	Last Name	The employee's last name.	Last Name	Yes
50	Gender	The employee's gender.	Gender	No
51	Birth Date	The employee's date of birth.	Birth Date New Birth Date	No
52	Eligibility Basis	The basis for COBRA eligibility.	Eligibility Basis	No
53	Original Cobra Start Date	The first day of COBRA health enrollment coverage.	COBRA Start Date	No
54	Affiliated Association	The affiliated association of the qualifying individual.	Non-existent	Yes
55	Medical Plan Selection	Used to select a medical plan.	Plan Code	No
56	Dental Plan Selection	Used to select a dental plan.	Non-existent	Yes
57	Vision Plan Selection	Used to select a vision plan.	Non-existent	Yes
58	Dependent Identifier Type	The unique identifier available for the dependent that is provided.	Non-existent	Yes
59	Dependent Identifier	The unique dependent identifier, as specified by Identifier Type field.	Dependent / SSN	No
60	Dependent Gender	The dependent's gender.	Dependent / Gender	No
61	Dependent DOB	The dependent's date of birth.	Dependent / DOB	No
62	Dependent First Name	The dependent's first name.	Dependent / First Name	No
63	Dependent Middle Name	The dependent's middle name.	Dependent / Middle Name	No
64	Dependent Last Name	The dependent's last name.	Dependent / Last Name	Yes
65	Dependent Suffix	The dependent's suffix.	Dependent / Name Suffix	No
66	Date of Marriage/Partnership	The date the dependent became a spouse/domestic partner of the primary subscriber.	Event Date	No
67	Address Same as Primary Subscriber	Indicator of whether the dependent's address is the same as that of the primary subscriber.	Non-existent	Yes

#	my|CalPERS Field Name	Definition	Equivalent ACES Field Name	Change?
68	Dependent Address Type	The dependent's types of address.	Non-existent	Yes
69	Dependent Address 1	The first address line of the dependent's address.	Non-existent	Yes
70	Dependent Address 2	The second address line of the dependent's address.	Non-existent	Yes
71	Dependent Address 3	The third address line of the dependent's address.	Non-existent	Yes
72	Dependent City	The city of the dependent's address.	Non-existent	Yes
73	Dependent State	The state of the dependent's address.	Non-existent	Yes
74	Dependent ZIP Code 5	The 5-digit ZIP or postal code of the dependent's address.	Non-existent	Yes
75	Dependent ZIP Code 4	The 4 or 2 additional digits of a ZIP or postal code of the dependent's address.	Non-existent	Yes
76	Dependent Country	The country of the dependent's address.	Non-existent	Yes
77	Dependent Province/Territory	The province or territory of the dependent's address.	Non-existent	Yes
78	Dependent Postal Code	The international postal code of dependent	Non-existent	Yes
79	Dependent Relationship	The dependent's relationship to the primary subscriber.	Dependent / Legacy Relationship Code	No
80	Dependent Type	The type of dependent.	Non-existent	Yes
81	Disabled Dependent Indicator	Indicates if the added dependent is a disabled dependent child.	Non-existent	Yes

#	my|CalPERS Field Name	Definition	Equivalent ACES Field Name	Change?
82	**Disabled Dependent Confirmation Indicator**	Indicates that the employer understands the disabled dependent enrollment is not confirmed until review by CalPERS.	**Non-existent**	Yes
83	**Economically Dependent Confirmation Indicator**	Indicates if the economically dependent child has been validated	**Non-existent**	Yes
84	**Dependent Acquired Date**	The date that the economically child is acquired by the subscriber	**Non-existent**	Yes
85	**Apply to Medical**	Indicates if the enrollment transaction should be applied to medical.	**Non-existent**	Yes
86	**Apply to Dental**	Indicates if the enrollment transaction should be applied to dental.	**Non-existent**	Yes
87	**Apply to Vision**	Indicates if the enrollment transaction should be applied to vision.	**Non-existent**	Yes